

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT	
Anthony P. Sauer					Rehabilitation	
813-001-9785-001		CB/D NUMBER E99	DIVISION OR BUREAU Director's Office			
HEADQUARTERS ADDRESS 721 Capitol Mall					TELEPHONE NUMBER (916) 558-5800	
CITY	STATE	ZIP CODE	STATE		ZIP CODE	
Sacramento			CA		95814	

[illegible]

CLAIM TOTAL		\$ 1,467.35	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Director's Office 001 - Director represented California at the Council of State Administrators of Vocational Rehabilitation (CSAVR); and met with California Legislators. Note: Flights were delayed both ways.		(12) NORMAL WORK HOURS	
		(13) PRIVATE VEHICLE LICENSE NUMBER	
		(14) MILEAGE RATE CLAIMED \$0.550	
		AGENCY ACCOUNTING OFFICE USE ONLY	
		PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
> Original signed by Anthony Sauer	4/28/2009	> Original signed by Luciana Profaca	4/28/2009
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE